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| | | | |
|---------------|-----------------------------|--------------------------------------|----------------------|
| To: | USPTO - Mail Stop Amendment | From: | James T. Strom |
| Company: | | Bldg/Room: | 21/1160 |
| CC: | | Phone Number: | (425) 706-0362 |
| Phone Number: | | Date & Time Sent: | 9/8/2005 10:26:22 AM |
| Fax Number: | 571-273-8300 | No. of Pages (Including this cover): | 22 |

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Message...

Applicant: Microsoft Corporation
First Named Inventor: Eran Megiddo
Serial No.: 10/807,938
Filing Date: 03-23-04
Title: A METHOD FOR COMPARATIVE VISUAL RENDERING OF DATA
MS Docket No.: 304872.08

Examiner: Moffz, Apu M.
Art Unit: 2165

Attached please find the following documents:

1. General Filing Transmittal (in duplicate)
2. Fee Transmittal (in duplicate; total fee \$130.00)
3. Extension of Time Request (in duplicate)
4. Terminal Disclaimer over U.S. Patent 6,728,724
5. Response (4 pages)
6. Statement under 3.73(b) (1 page)
7. General Power of Attorney (1 page)
8. Asset Purchase Agreement (6 redacted pages)
9. Assignment (2 pages)

CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the USPTO at (703) 872-9306.

8 Sep 2005
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James T. Strom

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| | | | |
|--|--|---|--|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 10/807,938 | |
| | | Filing Date March 23, 2004 | |
| | | First Named Inventor Eran Megiddo | |
| | | Group Art Unit 2165 | |
| | | Examiner Name Moffiz, Apu M. | |
| <input type="checkbox"/> Sent via Express Mail Label No.: | | Attorney Docket Number 304872.08 | |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; total fee \$130.00) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (4 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Terminal Disclaimer over 6,728,724 <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Copy of this General Transmittal Form;</u> <u>Asset Purchase Agreement (5 pages);</u> <u>Assignment (2 pages)</u> |

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| CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) 872-9306. Date <u>September 8, 2005</u> Signature <u>James T. Strom</u> Printed Name <u>James T. Strom</u> | | Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. |
|--|--|--|

| SIGNATURE OF ATTORNEY OR AGENT | | | |
|--------------------------------|-----------------------|---|----------------|
| Signature | <u>James T. Strom</u> | Reg. No. | 48,702 |
| Name of Attorney or Agent | | James T. Strom | |
| Date | September 8, 2005 | Tel. | (425) 706-0362 |
| | | Facsimile No. | (425) 708-5046 |
| Assignee Name: | | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | |
| Customer Number: | | 22971 | |

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| Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/807,938 |
| | | Filing Date | March 23, 2004 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | First Named Inventor | Eran Megiddo |
| | | Examiner Name | Mofiz, Apu M. |
| TOTAL AMOUNT OF PAYMENT (\$) 250.00 | | Art Unit | 2165 |
| | | Attorney Docket No. | 304872.08 |
| METHOD OF PAYMENT (check all that apply) | | Express Mail Label No. | N/A |

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|---|----------------|----------|----------------|
| 12 | - 20 or HP = 0 | x 50 | = 0 |
| HP = highest number of total claims paid for, if greater than 20 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
| 2 | - 3 or HP = 0 | x 200 | = 0 |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

| Multiple Dependent Claims | | Fee (\$) | Fees Paid (\$) |
|---------------------------|--|----------|----------------|
| | | 0 | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|--|----------|----------------|
| -100 = 0 | / 50 = 0 | (round up to a whole) number x 250 | = 0 | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other: Terminal Disclaimer Fee under 37 CFR 1.20(d) (\$130.00); Extension of Time Fee (1 month; \$120.00)

Fees Paid (\$)

| | | | |
|-------------------|-----------------------|--------------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | <i>James T. Strom</i> | Registration No. (Attorney/Agent) | 48,702 |
| Name (Print/Type) | James T. Strom | Telephone | (425) 706-0362 |
| | | Date | September 8, 2005 |

| | | | |
|--|--|---|--|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 10/807,938 | |
| | | Filing Date March 23, 2004 | |
| | | First Named Inventor Eran Magiddo | |
| | | Group Art Unit 2165 | |
| | | Examiner Name Mofiz, Apu M. | |
| <input type="checkbox"/> Sent via Express Mail Label No.: | | Attorney Docket Number 304872.08 | |

| ENCLOSURES <i>(check all that apply)</i> | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; total fee \$130.00) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (4 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Terminal Disclaimer over 6,728,724 <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <u>Copy of this General Transmittal Form;</u> <u>Asset Purchase Agreement (5 pages);</u> <u>Assignment (2 pages)</u> |

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| CERTIFICATE OF MAILING OR TRANSMISSION <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) 872-9306. Date <u>September 8, 2005</u> Signature <u>James T. Strom</u> Date _____ Signature _____ Printed Name <u>James T. Strom</u> | | Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. |
|--|--|--|

| SIGNATURE OF ATTORNEY OR AGENT | | | |
|--------------------------------|-----------------------|---|----------------|
| Signature | <u>James T. Strom</u> | Reg. No. | 48,702 |
| Name of Attorney or Agent | James T. Strom | | |
| Date | September 8, 2005 | Tel. | (425) 706-0362 |
| | | Facsimile No. | (425) 708-5046 |
| Assignee Name: | | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | |
| Customer Number: | | 22971 | |

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| Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/807,938 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | March 23, 2004 |
| METHOD OF PAYMENT (check all that apply) | | First Named Inventor | Eran Megiddo |
| | | Examiner Name | Mofiz, Apu M. |
| | | Art Unit | 2165 |
| | | Attorney Docket No. | 304872.08 |
| | | Express Mail Label No. | N/A |

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

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| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

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|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|---------------|----------|---------------|
| 12 | - 20 or HP= 0 | x 50 | = 0 |
| HP = highest number of total claims paid for, if greater than 20 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 2 | - 3 or HP= 0 | x 200 | = 0 |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

| Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) |
|---------------------------|--|----------|---------------|
| | | 0 | 0 |

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|--------------|--------------|--|------------------------------------|---------------|
| 12 | -100 = 0 | / 50 = 0 | (round up to a whole) number x 250 | = 0 |

4. OTHER FEE(S)

| | | |
|--|--------------------------------------|---------------|
| Non-English Specification, | \$130 fee (no small entity discount) | Fee Paid (\$) |
| Other: Terminal Disclaimer Fee under 37 CFR 1.20(d) (\$130.00); Extension of Time Fee (1 month; \$120.00)) | | 0 |
| | | \$250.00 |

| | | |
|-----------------------|-----------------------------------|----------------|
| SUBMITTED BY | | |
| Signature | Registration No. (Attorney/Agent) | Telephone |
| <i>James T. Strom</i> | 48,702 | (425) 706-0362 |
| Name (Print/Type) | Date | |
| James T. Strom | September 8, 2005 | |